

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HI 96805
EFFECTIVE JANUARY 1, 2012

		Monthly Premium	Monthly Premium
1A	MEDICAL/RESCRIPTION DRUG	HMSA	Kaiser
A.	Non-Medicare - Self	<input type="checkbox"/> \$491.52	<input type="checkbox"/> \$659.80
B.	Non-Medicare - 2-Party	<input type="checkbox"/> \$958.08	<input type="checkbox"/> \$1,286.96
C.	Non-Medicare - Family	<input type="checkbox"/> \$1,420.28	<input type="checkbox"/> \$1,907.16
D.	Medicare - Self	<input type="checkbox"/> \$382.16	<input type="checkbox"/> \$365.52
E.	Medicare - 2-Party	<input type="checkbox"/> \$744.84	<input type="checkbox"/> \$713.08
F.	Medicare - Family	<input type="checkbox"/> \$1,104.08	<input type="checkbox"/> \$1,056.64

If you want medical and prescription drug, select one plan and enter premium amount (go to line 2)

1A \$ _____

If you want medical only, go to line 1B; If you want prescription drug only, go to line 1C

1B	MEDICAL ONLY	HMSA
A.	Non-Medicare - Self	<input type="checkbox"/> \$381.36
B.	Non-Medicare - 2-Party	<input type="checkbox"/> \$743.44
C.	Non-Medicare - Family	<input type="checkbox"/> \$1,102.04
D.	Medicare - Self	<input type="checkbox"/> \$178.00
E.	Medicare - 2-Party	<input type="checkbox"/> \$347.24
F.	Medicare - Family	<input type="checkbox"/> \$514.64

Select one plan and enter premium amount

1B \$ _____

If you selected a plan in 1A, do not complete this section

1C	PRESCRIPTION DRUG ONLY	
A.	Non-Medicare - Self	<input type="checkbox"/> \$110.16
B.	Non-Medicare - 2-Party	<input type="checkbox"/> \$214.64
C.	Non-Medicare - Family	<input type="checkbox"/> \$318.24
D.	Medicare - Self	<input type="checkbox"/> \$204.16
E.	Medicare - 2-Party	<input type="checkbox"/> \$397.60
F.	Medicare - Family	<input type="checkbox"/> \$589.44

Select one plan and enter premium amount

1C \$ _____

If you selected a plan in 1A, do not complete this section

2	DENTAL	HDS
	Non Medicare/Medicare	
	Self	<input type="checkbox"/> \$28.88
	2-Party	<input type="checkbox"/> \$56.32
	Family	<input type="checkbox"/> \$69.24

Select one plan and enter premium amount

2 \$ _____

3	VISION	VSP
	Non Medicare/Medicare	
	Self	<input type="checkbox"/> \$5.12
	2-Party	<input type="checkbox"/> \$10.24
	Family	<input type="checkbox"/> \$13.76

Select one plan and enter premium amount

3 \$ _____

4 Add lines 1A or 1B and 1C, 2, 3 (Medical, Prescription Drug, Dental, Vision)

4 \$ _____

5	EMPLOYER CONTRIBUTION	0%	50%	75%
A.	Non Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$385.74	<input type="checkbox"/> \$578.62
B.	Non Medicare - 2-Party	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$777.52	<input type="checkbox"/> \$1,166.30
C.	Non Medicare - Family	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$1,138.00	<input type="checkbox"/> \$1,707.02
D.	Medicare - Self	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$274.78	<input type="checkbox"/> \$412.18
E.	Medicare - 2-Party	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$550.76	<input type="checkbox"/> \$826.14
F.	Medicare - Family	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$802.18	<input type="checkbox"/> \$1,203.26

Check your medical selection on line 1A or 1B. (For example, if you selected 1AA, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%).

5 \$ _____

6 Line 4 minus line 5, enter the AMOUNT YOU OWE monthly

6 \$ _____

Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF.